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Insuring Informed Choice in Living Preference For Those Residing

in Intermediate Care Facilities for the Mentally Retarded

(ICF/MRs)

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(REVISED)

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Applicability:

DDSN Regional Centers and DSN Board ICF/MRs

PURPOSE

The purpose of this document is to insure that residents of ICFs/MR are informed of the service options available to them.

GENERAL

In accordance with the decision by the United States Supreme Court in the case of Olmstead v. L.C., the South Carolina Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICF/MRs when it is appropriate and honors the wishes of those who desire to move from ICF/MRs. In July 1999, the United States Supreme Court issued a decision in the case of Olmstead v. L.C. that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with mental disabilities in community settings rather than in institutions (ICF/MRs) when the state's treatment professionals (interdisciplinary teams) determine that community placement is appropriate, the transfer is not opposed by the person, and the placement can be reasonably accommodated, taking into account the resources available to the state and needs of others with

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developmental disabilities. This decision is consistent with the S.C. Code Ann. §44-20-390 and §44-20-20 which requires that services be provided in the least restrictive environment.

In South Carolina, the Mental Retardation/Related Disabilities Waiver, operated by DDSN, allows services, similar to those provided in an ICF/MR, to be paid for by Medicaid when provided outside of an ICF/MR. Therefore, this Waiver allows ICF/MR residents to move from the ICF/MR to a home of their own, a family member's home or to a setting sponsored by DDSN such as a Community Training Home or Supervised Living Program and receive needed services in that setting which are funded by Medicaid.

POLICY

The decision of where to live and receive services cannot be made in a vacuum. It requires an awareness of available options and merits of each. To assure those who reside in ICF/MRs have such awareness, a thorough explanation of community living options, services, and the potential benefits of those options will be provided along with opportunities to visit options of interest and speak with qualified service providers. Since family members and ICF/MR staff is integral in assisting residents with the evaluation of options and decision-making, similar information regarding options and potential benefits should be provided to them as well.

Information regarding their right to choose between receiving services in an ICF/MR or in a non-ICF/MR setting with MR/RD Waiver funded services should be provided to all ICF/MR residents, surrogate consent givers, and family members who may assist with decision-making. This information should be provided at the time of admission and at least annually thereafter. For this purpose, the two (2) page information sheet entitled "Medicaid Funded Service Options" (Attachment 1) may be used. Each resident's record should include documentation that the information was provided to all who may assist the resident with decision making.

All ICF/MR staff should be taught about the Medicaid funded service options and community living options and potential benefits. This information must be part of the initial/pre-service training for all staff.

All ICF/MR residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/MR. The results of each resident's evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The "Evaluation for Community Living" (Attachment 2) can be used for that purpose. If determined to be interested in and have the capacity for living outside of the ICF/MR, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include, visits to different residential care settings or providers, referrals to qualified residential service providers, discussions with family members including mediation with family members who may oppose a move, etc.

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A listing of those individuals residing at the Regional Centers who desire to receive services in a community setting will be compiled on a regular basis. This listing will be shared with community service providers to facilitate movement to a community service setting.

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Associate State Director-Policy

(Originator)

Beverly A.H. Buscemi, Ph.D.

State Director (Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Attachment 1: Medicaid Funded Service Options Attachment 2: Evaluation for Community Living

Attachment 3: Resource Information